

SERFF Tracking Number:	CSIN-125527859	State:	Arkansas
Filing Company:	Central States Indemnity Co. of Omaha	State Tracking Number:	# \$50
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
Project Name/Number:	TRIPRA/		

## Filing at a Glance

Company: Central States Indemnity Co. of Omaha

Product Name: Commercial Inland Marine	SERFF Tr Num: CSIN-125527859	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: # \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num:	State Status: Fees pending
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Michele Guetterman	Disposition Date: 03/21/2008
	Date Submitted: 03/07/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 04/01/2008

State Filing Description:

TRIA disclosure

## General Information

Project Name: TRIPRA	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/21/2008	
State Status Changed: 03/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
TRIPRA.	

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: CSIN-125527859 State: Arkansas  
Filing Company: Central States Indemnity Co. of Omaha State Tracking Number: # \$50  
Company Tracking Number:  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine  
Project Name/Number: TRIPRA/

Michele Guetterman, Compliance and Legal mguetterman@csi-omaha.com  
Coordinator  
1212 N 96th Street (402) 997-8389 [Phone]  
Omaha, NE 68114

**Filing Company Information**

Central States Indemnity Co. of Omaha	CoCode: 34274	State of Domicile: Nebraska
1212 N 96th Street	Group Code:	Company Type: P&C and A&H
Omaha, NE 68134	Group Name:	State ID Number:
(402) 997-8000 ext. [Phone]	FEIN Number: 47-0591908	
	-----	

<i>SERFF Tracking Number:</i>	<i>CSIN-125527859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Indemnity Co. of Omaha</i>	<i>State Tracking Number:</i>	<i># \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/</i>		

## **Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>CSIN-125527859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Indemnity Co. of Omaha</i>	<i>State Tracking Number:</i>	<i># \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/21/2008	03/21/2008

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Form Filing Fee	Note To Filer	Llyweyia Rawlins	03/10/2008	03/10/2008
Filing fee	Note To Reviewer	Michele Guetterman	03/10/2008	03/10/2008

<i>SERFF Tracking Number:</i>	<i>CSIN-125527859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Indemnity Co. of Omaha</i>	<i>State Tracking Number:</i>	<i># \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/</i>		

## Disposition

Disposition Date: 03/21/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company will send in the mail.

Rate data does NOT apply to filing.

SERFF Tracking Number:	CSIN-125527859	State:	Arkansas
Filing Company:	Central States Indemnity Co. of Omaha	State Tracking Number:	# \$50
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
Project Name/Number:	TRIPRA/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

*SERFF Tracking Number:* CSIN-125527859

*State:* Arkansas

*Filing Company:* Central States Indemnity Co. of Omaha

*State Tracking Number:* # \$50

*Company Tracking Number:*

*TOI:* 09.0 Inland Marine

*Sub-TOI:* 09.0005 Other Commercial Inland Marine

*Product Name:* Commercial Inland Marine

*Project Name/Number:* TRIPRA/

**Note To Filer**

**Created By:**

Llyweyia Rawlins on 03/10/2008 01:47 PM

**Subject:**

Form Filing Fee

**Comments:**

The form filing fee is \$50

*SERFF Tracking Number:* CSIN-125527859 *State:* Arkansas  
*Filing Company:* Central States Indemnity Co. of Omaha *State Tracking Number:* # \$50  
*Company Tracking Number:*  
*TOI:* 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* Commercial Inland Marine  
*Project Name/Number:* TRIPRA/

**Note To Reviewer**

**Created By:**

Michele Guetterman on 03/10/2008 12:59 PM

**Subject:**

Filing fee

**Comments:**

Can you please tell me how much the filing fee is? I've been trying to find out on the AR Dept. of Insurance website, but I'm unable to find it.

Thank you!



SERFF Tracking Number: CSIN-125527859 State: Arkansas

Filing Company: Central States Indemnity Co. of Omaha State Tracking Number: # \$50

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine

Project Name/Number: TRIPRA/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Form 11717 Rev.	1/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 Form 11717 Previous Filing #: paper copy		11717 Rev.pdf

# **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is -0- , and does not include any charges for the portion of losses covered by the United States Government under the Act.

**UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER THE POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE THE COVERAGE.**

<i>SERFF Tracking Number:</i>	<i>CSIN-125527859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Indemnity Co. of Omaha</i>	<i>State Tracking Number:</i>	<i># \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CSIN-125527859 State: Arkansas  
Filing Company: Central States Indemnity Co. of Omaha State Tracking Number: # \$50  
Company Tracking Number:  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine  
Project Name/Number: TRIPRA/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/21/2008

**Comments:**  
Attached is the Expedited Filing Transmittal Document - for TRIPRA.  
**Attachment:**  
AR Transmittal Doc.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/21/2008

**Comments:**  
Attached is the cover letter.  
**Attachment:**  
AR Cover Letter # 1.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Central States Indemnity Co. of Omaha	Nebraska	031-34274	47-0591908

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Michele Guetterman Central States Indemnity Co. of Omaha 1212 N 96th Street, Omaha, NE 68114-2274	800.543.6241	402.997.8262	mguetterman@c si-omaha.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Inland Marine
<b>Company Program Title</b> (Marketing title) (if applicable)	Farm/Irrigation Equipment
<b>Filing Type ** see note below</b>	Disclosure Form
<b>This application is used with:</b>	Inland Marine Policy Form 11704
<b>Effective Date Requested</b>	April 1, 2008
<b>Filing date</b>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state, if applicable</b>	Filing of disclosure form not required in Nebraska.

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> Include edition date	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Policyholder Disclosure +	Form 11717 Rev.	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Form 11717	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Michele Guetterman  
Signature

Michele Guetterman  
Print Name:

Compliance & Legal Coordinator  
Title:



Central States Indemnity

March 7, 2008

Arkansas Insurance Department  
1200 W. Third Street  
Little Rock, AR 72201

ATTN: Property & Casualty Division

RE: Central States Indemnity Co. of Omaha  
NAIC No. 031-34274  
Commercial Inland Marine Insurance – Form Filing  
Form 11717 Rev. – Policyholder Disclosure – Notice of Terrorism Insurance Coverage

Ladies/Gentlemen:

The captioned disclosure form is being submitted on an informational basis pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

The disclosure form will be used with the Company's previously approved commercial inland marine forms that provide protection in the event of loss to farm, irrigation and contractors equipment. The form will be included with these forms when issued. Form 11717 Rev. replaces previous Terrorism Disclosure, Form 11717.

Should you have any questions or require additional information, please call us at (800) 543-6241 or you may send an email to [mguetterman@csi-omaha.com](mailto:mguetterman@csi-omaha.com).

Sincerely,

A handwritten signature in cursive script that reads 'Michele Guetterman'.

Michele Guetterman, FLMI, GBA, AIRC, AIAA, HIA, MHP, ACS  
Compliance and Legal Coordinator  
Central States Indemnity Co. of Omaha  
1212 N. 96<sup>th</sup> St.  
Omaha, NE 68114

Enclosures

Central States Indemnity Co. of Omaha  
P.O. Box 34888 Omaha, Nebraska 68134-0888